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[Date notice sent to all parties]:

11/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Repeat MRI to the right ankle.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her right ankle when she was wheeling a large trash can when a wheel got stuck on a small rock causing her to fall resulting in a trash can falling on the back of her right ankle. The x-rays of the right ankle dated XX/XX/XX revealed no fracture, dislocation, or acute bony abnormalities. Calcaneal spurring was identified. The MRI of the right ankle dated 07/08/13 revealed a partial tear of the Achilles tendon at the insertion on the calcaneus. The operative note dated 07/03/14 indicates the patient undergoing a calcaneal excision with debridement of the Achilles at the insertion on the right. The clinical note dated 09/09/14 indicates the patient able to stop using a CAM walker. The note indicates the patient having been released to full duty at her work. There is an indication the patient was continuing with a home exercise program with ongoing improvements. The note indicates the patient utilizing Oxycodone for ongoing pain relief. The functional capacity evaluation completed on 09/16/14 indicates the patient able to meet her PDL requirements. The clinical note dated

06/11/15 indicates the patient complaining of 10/10 pain at the right ankle. The patient reported a sharp pain at the Achilles area. Upon exam, the patient was able to demonstrate 10 degrees of right sided dorsa flexion, 40 degrees of plantar flexion, 20 degrees of both inversion and eversion. Minimal strength deficits rated as 4- to 4/5 strength were identified throughout the right ankle. The clinical note dated 06/23/15 indicates the patient showing a failure to improve with ongoing therapeutic interventions. Pain was located at the lateral region of the right ankle. Radiating pain was identified into the right lower extremity. Swelling was identified at the lateral side of the right ankle. The patient reported ongoing swelling as well as a pulling sensation at the right ankle. The clinical note dated 09/29/15 indicates the patient continuing with complaints of right ankle pain, specifically at the lateral aspect. Radiating pain was identified into the foot and lower extremity. The patient reported a shiny appearance at the foot as well. Upon exam, crepitus was identified with range of motion. Swelling was revealed at the lateral portion of the ankle. The patient was able to demonstrate 25 degrees of dorsa flexion as well as 45 degrees of plantar flexion. 4/5 strength was identified at the peroneal brevis. The patient was recommended for a repeat MRI.

The utilization reviews dated 10/05/15 and 10/14/15 resulted in denials as insufficient information had been submitted regarding the patient's physical examination findings indicating the need for a repeat MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The documentation indicates the patient complaining of right ankle pain despite a previous surgical intervention. There is an indication the patient has complaints of ongoing pain and tenderness at the lateral aspect of the right foot and ankle. There is also an indication the patient has complaints of paresthesia as well as a shiny appearance at the right ankle on occasion. However, an MRI of the ankle is indicated for patients with chronic ankle pain with specific findings revealed by the plain films. No radiograph studies were submitted regarding the patient's preliminary findings. Given the lack of plain films submitted for review, the request is not indicated as medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Magnetic resonance imaging (MRI)

Indications for imaging -- MRI (magnetic resonance imaging):

- o Chronic ankle pain, suspected osteochondral injury, plain films normal
- o Chronic ankle pain, suspected tendinopathy, plain films normal
- o Chronic ankle pain, pain of uncertain etiology, plain films normal
- o Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular
- o Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable
- o Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome
- o Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected
- o Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically
- o Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.